Florida Conference United Women In Faith Mission u – July 19-21, 2024

Registration for Youth & Children

Please fill out carefully and completely, and print legibly.

Children and youth must share a room with their parent/guardian.

Registration for the parent/guardian must be received at the same time as this form.

Completed registration form must be received by Friday, June 21, 2024.

Touth/Child Name.	Phone:
Address:	Email:
City:	State: Zip:
District: I	Name of Church:
Age (as of July 19, 2024)	Grade (as of Fall, 2024)
Ethnicity: (Caribbean, African Amer	rican, Hispanic, etc.)
	share a room with their parent/guardian. Up to 4 people can share ouble beds. Hotel reservations must be made directly with the hotel
Name of parent/guardian:	
Emergency Contact:	Phone for texting:
Physician Name:	Phone:
Allergies, medical concerns, health	/dietary needs:
Is your child receiving any medical	attention at this time? Yes No
If yes, please explain:	
Does your child have any special n	eeds? Yes No
If yes, please explain:	
Liability and Medical Releas	e: To be signed by parent/guardian.
I, Print name of Parent/Guardian	, give permission for my child, Print name of Youth/Child

to attend the Florida Conference United Women in Faith Mission u at The Westin Lake Mary, Orlando

North, July 19-21, 2024.

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I am aware of the purpose of this event and understand the full scope and nature of the programs and activities my child will participate in. I agree that any photographs, videos, and/or other images taken of my child at this event may be used to promote Mission u. I understand that I cannot hold the Florida Conference staff or volunteer leadership responsible for any accident or injury which may occur while participating in this event. I also understand that if my youth/child becomes ill or injured during this event, I give permission for such diagnostic and therapeutic procedures as may be deemed necessary by qualified medical care providers, hospitals, or physicians to be taken.

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Children/Youth C	Covenant
As a youth/child attending Mission u, I take seriously me well-being and safety of others and myself. I agree to been given permission to leave by the Dean of Mission of the Dean of th	o remain on the site of the event unless I have
will attend all activities, sessions, and meals. I will obset the appointed time and I will respect the rights of othe	, ,
understand that anything considered illegal for minors (applies to this event as well. Therefore, I will not use to cossess any firearms, weapons or fireworks. I will response for the facility which we share. Any damages to the derson or persons who caused the damage and the parameters and that the dress code is the same as the dress code.	bbacco, illegal substances or alcohol, nor will bect the equipment and property of others and he facility will be the sole responsibility of the arent/guardian of each person responsible.
also understand that if I break the covenant, and parent/guardian will be contacted and my participation in	
Youth/Child signature (if over 5 years old)	Date
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Fee Summary payable when you submit this form: Youth ages 11-17: \$100.00; Children ages 10 and under: \$80.00

If you wish to order a t-shirt, indicate the size: Adult: S, M, L, XL, XXL T-shirts will only be available with advanced order. Each t-shirt is \$15.

Mail completed Youth/Child registration form, along with Adult parent/guardian registration form and a check to the Mission u Registrar:

Debbie McKinnon, 4518 Andrew Jackson Way, Tallahassee, FL 32303.

Contact her at mckinnon.noah@comcast.net or 850-556-2156 if you have questions.

Make your check payable to Florida Conference United Women in Faith Mission u. You may abbreviate!

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